

Legal Self-Help Center of Marin
Ex Parte Application
Cover Sheet

What is your name, address, and telephone number(s)?

Name:

Street Address:

City, State and Zip Code:

Home Phone Number:

Work Phone Number:

**SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF MARIN**

_____ , Plaintiff) _____ , Defendant)	No. _____ DECLARATION RE: NOTICE OF EX PARTE APPLICATION FOR ORDERS AND/OR ORDER SHORTENING TIME	
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1. _____, do declare:

1. That I am (counsel for) (plaintiff) (defendant) in the within action.

2. I have given notice of the present application for an ex parte, order and/or order shortening time to (Counsel for) (plaintiff) (defendant) in the following manner:

_____ (a) by telephone call at _____ (am) (pm) on _____. The person to whom I spoke was _____. The message left was _____.

_____ (b) by letter (mailed) (personally delivered) at _____ (am) (pm) on _____.

3. I received the following response to said notice: _____

4. I did not give notice of the present application for the following reason(s) indicated:

_____ (a) Notice of this ex parte application would frustrate the purpose of the orders sought herein. (Explain)* _____

_____ (b) The applicant would suffer immediate and irreparable harm before the adverse party could be heard in opposition. (Explain)* _____

_____ (c) No significant direct burden or inconvenience to the adverse party will be likely to result from the order sought herein. (Explain)* _____

_____ (d) Prior attempts to give notice have failed and would probably be futile or unduly burdensome. (Explain in detail)* _____

*Attach additional page(s) when needed.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(Type or print name)

(Signature)

ORDER SHORTENING TIME

Time for ☐ service is shortened. Service shall be on or before _____ (Date)

☐ hearing is shortened. Hearing is set _____

Date: _____

JUDGE OF THE SUPERIOR COURT

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Telephone:

Self represented: Petitioner/Plaintiff

SUPERIOR COURT OF STATE OF CALIFORNIA
COUNTY OF MARIN

Case No. _____

Petitioner/plaintiff

EX PARTE APPLICATION
FOR ORDERS RE-

vs.

Respondent/defendant

Date:
Time:
Dept:

_____ /

This exparte application is made to the Court for orders regarding

_____ Time is of the essence

in this matter. The facts in support of this exparte application are stated in my declaration,
attached hereto and hereby incorporated in its entirety. My declaration re: NOTICE OF
EXPARTE APPLICATION for orders is also attached hereto.

Date: _____

Signature of:

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Case Name:
Marin Superior Court Case Number:

Exparte Application, cont'd\

I, _____, declare as follows:

I declare under penalty of perjury of the laws of the State of California that the above and foregoing is true and correct. This declaration is made on _____, 2004, in _____, California.

Exparte Application continued

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Telephone:

Self represented Plaintiff/Petitioner

SUPERIOR COURT OF STATE OF CALIFORNIA
COUNTY OF MARIN

Case No. _____

Plaintiff/Petitioner
and

ORDER RE EXPARTE
APPLICATION

Defendant/Respondent

_____/

The Court, having reviewed _____ ex parte application of _____(date),
for an order regarding _____
and good cause appearing, the Court makes the following Order:

SO ORDERED.

JUDGE, MARIN SUPERIOR COURT

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents (*specify*):

a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.

b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

- Name of person served:
- Address:
- Date mailed:
- Place of mailing (*city and state*):

Date:

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served.

You cannot serve documents if you are a party to the action.

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4.
 - a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Write in the date that you put the envelope containing the documents in the mail.
 - d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.